

# **DEPENDENCY (JUVENILE COURT CASES ONLY)**

**1**

## **To File a Dependency Petition (Forms Packet)**

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JVD1fc - 5510



## SELF-SERVICE CENTER

### JUVENILE COURT - DEPENDENCY PAPERS (Forms Only)

This packet contains court forms for filing a ***“Dependency Petition”*** in Juvenile Court. The documents should appear in the following order:

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3	JV10f	<b><i>“Juvenile Cover Sheet”</i></b>	3
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**SELF SERVICE CENTER**  
**FILING DEPENDENCY PAPERS IN JUVENILE COURT**  
**CHECKLIST**

***You may use this packet if . . .***

- ✓ You want to file a Dependency Petition, AND,
- ✓ You believe that there is no parent or guardian willing or able to provide proper care and control over the child(ren) to be included in this petition, AND
- ✓ You believe that you are a fit and proper person to care for the child(ren), AND
- ✓ You believe the Court, not the parents, should say when the dependency is to be terminated (ended), AND
- ✓ The child(ren) lives in Maricopa County, State of Arizona or you have talked to a lawyer who has told you can file a Dependency Petition in Maricopa County.

**WARNING:**

- A. **If you are the mother or father** of the child(ren), you may **not** use this packet to establish or change a child custody order.
- B. **Child Protective Services, CPS, will be involved.** Dependency is an emergency action for the safety of the children involved. CPS will investigate and make recommendations to the Court. If CPS does not feel the person petitioning for Dependency can provide a proper home for the children involved, this petition could *possibly* result in the children being placed in foster care.
- C. **If the child(ren)'s parent or parents agree** (or at least will not come to court to *disagree*), you may want to consider filing a petition for **Guardianship** instead of Dependency. Basically, Guardianship is granted with the permission of the parents and may continue until:
1. one of the parents or the guardian asks the Court to end the guardianship; or
  2. a replacement ("successor") guardian is appointed; or
  3. the child for whom the guardian was appointed turns 18.

If you have questions about the difference between Dependency and Guardianship read the "Important Information You Need to Know When Filing a Dependency" page in this packet and contact a lawyer for help.

**READ ME:** Before filing documents with the Court, consult **a lawyer** to help guard against undesired and unexpected consequences. The Self-Service Center has a list of lawyers who can give you legal advice and who can help you on a task-by-task basis for a fee, and a list of court-approved mediators as well. You may view the lists at the Self-Service Centers or from our web site at: <http://www.superiorcourt.maricopa.gov/ssc/provider/lawyers.asp>

Superior Court of Arizona  
Maricopa County  
Juvenile Cover Sheet

**Check one:**
☐  
☐  
☐

**Dependency**  
**Termination of Parental Rights**  
**Adoption**

Case Number (Clerk will stamp case # when documents are filed).

**ATLAS number(s):** \_\_\_\_\_  
 (if applicable)

**Instructions:**

- Provide the following information requested about each party.
- Type or print neatly in black ink.
- If more room is needed, please attach a separate page.

**Information about the Petitioner:**

Name: \_\_\_\_\_ Business phone: (     ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell phone/pager: (     ) \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Title (if applicable): \_\_\_\_\_  
 Home phone: (     ) \_\_\_\_\_ E-mail address: \_\_\_\_\_  
 Attorney name/Bar number: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_

**Information about the Children:****Names, Dates of Birth, and Social Security Numbers for Minor Children Involved:**

Name: _____	DOB: _____	SSN: _____
Name: _____	DOB: _____	SSN: _____
Name: _____	DOB: _____	SSN: _____
Name: _____	DOB: _____	SSN: _____

**Information about Mother of Child(ren):**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Home phone #: (     ) \_\_\_\_\_  
 Work phone number: (     ) \_\_\_\_\_  
 Cell phone/pager: (     ) \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

**Information about Father of Child(ren)\*:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Home phone #: (     ) \_\_\_\_\_  
 Work phone number: (     ) \_\_\_\_\_  
 Cell phone/pager: (     ) \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Names of children: \_\_\_\_\_  
 \_\_\_\_\_

Case No. \_\_\_\_\_

(\* If there is more than one father, please list additional fathers on page three (3). Also please specify, if there are multiple fathers, which fathers are connected with which children.)

**Please list ANY siblings of the children listed above who are NOT involved in this case:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**Names, Date of Birth and Social Security Numbers for ANY adult, over the age of 18, who is living in the same home as any of the children listed above:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**Have there been any other cases (EXCLUDING minor traffic offenses) in any court involving members of this family? [ ] Yes [ ] No. If yes, please describe, and provide case numbers if known:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Domestic Violence Section**

Has anyone mentioned on this cover sheet been the victim of any family or domestic violence?

☐ Yes ☐ No. If yes, please identify: \_\_\_\_\_

Has anyone mentioned on this cover sheet been the plaintiff, defendant, or named on an Order of Protection? ☐ Yes ☐ No.

If yes, please identify: \_\_\_\_\_

Was the Order of Protection granted by the Maricopa County Superior Court?

☐ Yes ☐ No

If no, in what court was the Order of Protection granted? \_\_\_\_\_

**Children's Issues Section**

Are any of the children named on this cover sheet in any physical danger due to abuse or neglect?

☐ Yes ☐ No.

Has anyone named on this sheet had any involvement with AZ Child Protective Services? ☐ Yes ☐ No.

If yes, please provide CPS or Juvenile Court case #: \_\_\_\_\_

Name, phone, and site code of case manager: \_\_\_\_\_

Are any of the children listed on this cover sheet eligible for Tribal enrollment?

☐ Yes ☐ No. If yes, please indicate which Tribe/Nation: \_\_\_\_\_

Are any of the parents listed on this cover sheet Native Americans? ☐ Yes ☐ No.

Tribal information/ contact: \_\_\_\_\_

**LOCATION:** (Check the Superior Court location where you are filing these documents)

- ☐ Mesa – Juvenile Court (1810 S. Lewis St.)  
☐ Durango – Juvenile Court (3131 W. Durango St.)

**INTERPRETER:** Is an interpreter needed for any of the parties? If so, please check the appropriate box below. **NOTE: THIS IS NOT A REQUEST FOR AN INTERPRETER, THIS INFORMATION IS FOR INTERNAL PURPOSES ONLY.**

An interpreter is needed for: ☐ Petitioner ☐ Mother ☐ Father  
(if more than one father, indicate which father needs an interpreter):

\_\_\_\_\_.

**Language:** ☐ Spanish ☐ Other: Please specify: \_\_\_\_\_.

**Information about Additional Father of Child(ren)  
(If applicable)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home phone #: (    ) \_\_\_\_\_  
Work phone number: (    ) \_\_\_\_\_  
Cell phone/pager: (    ) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Name(s) of child(ren): \_\_\_\_\_  
\_\_\_\_\_

**Information about Additional Father of Child(ren)  
(If applicable)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home phone #: (    ) \_\_\_\_\_  
Work phone number: (    ) \_\_\_\_\_  
Cell phone/pager: (    ) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Name(s) of child(ren): \_\_\_\_\_  
\_\_\_\_\_



**3. INFORMATION ABOUT THE PARENTS OR CURRENT LEGAL GUARDIANS OF THE CHILD(REN):**

Name:

Relationship to Child:

Address:

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**4. CHILD'S CURRENT LIVING ARRANGEMENT.**

A. The child(ren) is/are currently living with:

Name:

Relationship to Child:

Address:

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B. The child(ren) has/have been living there since (give approximate date):

C. The child is now living in the State of Arizona, Maricopa County. ☐ Yes or ☐ No.

**5. CHILD IS DEPENDENT.** The Petitioner believes the child(ren) is/are dependent within the provisions of ARS 8-201.13, in that the child(ren) is/are in need of proper and effective parental care and control and has no parent or guardian willing to exercise or capable of exercising such care and control, or whose home is unfit by reason of abuse, neglect, cruelty, or depravity, as stated below:

A. The mother is unable or incapable of providing care for the child for the following reasons **(provide specifics):**

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B. The father is unable or incapable of providing care for the child for the following reasons **(provide specifics):**

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**6. PERSONS WITH KNOWLEDGE ABOUT THE ALLEGATIONS.** The following persons can be contacted concerning the above allegations:

Case No. \_\_\_\_\_

Name	Address	Telephone	Relationship

**7. DOCUMENTS.** The following documents are attached which support the statements made:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_

**RELIEF REQUESTED:** This is what I want the court to do:

- A. Based upon the foregoing allegations, immediate action is required and therefore the child(ren) should be made a temporary ward of the Court committed to the care, custody, and control of the Arizona Department of Economic Security with temporary physical custody to be placed in the Petitioner(s) who should be authorized to sign for medical treatment. The Arizona Department of Economic Security may be authorized to consent for out-of-state travel within the United States for up to thirty days.
- B. The parents should be ordered to pay a reasonable sum to the Arizona Department of Economic Security for the care, maintenance, and support of the child(ren) should the child(ren) be placed in a foster home or institutional care.
- C. That the Court set an initial dependency hearing on this Petition in front of a judicial officer.
- D. Petitioner further requests that, after hearing this matter, this Court adjudicates the child(ren) dependent and this Court enter such judgment and orders for commitment, custody, care and support, or such other relief for the child(ren)'s welfare.

**OATH OR AFFIRMATION**

**I state to the Court under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Signed, sworn to or affirmed before me this date: \_\_\_\_\_

Michael K. Jeanes, Clerk of Superior Court

\_\_\_\_\_  
Notary Signature

My commission expires: \_\_\_\_\_

**or** By: \_\_\_\_\_  
Deputy Clerk of Court

Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
Attorney Bar Number (if applicable) \_\_\_\_\_  
Representing ☐ Self (Without a Lawyer) or ☐ Attorney for ☐ Petitioner or ☐ Respondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
Petitioner

CASE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Respondent

### NOTICE OF INITIAL DEPENDENCY HEARING

\_\_\_\_\_  
Child(ren)'s Name  
(Person(s) under the Age of 18)

**WARNING: YOU MAY LOSE CUSTODY OF YOUR CHILD(REN) IF YOU DO  
NOT APPEAR AT THIS HEARING.**

**NOTICE IS HEREBY GIVEN** that the Petitioner, (name of Petitioner)  
\_\_\_\_\_ has filed a Dependency Petition with the Juvenile Court in  
Maricopa County regarding the above-named child(ren) and the child(ren) has/have been made a  
temporary ward of the Court.

**A HEARING HAS BEEN SET** to consider the Petition on:

Date of Hearing: \_\_\_\_\_ Time of Hearing: \_\_\_\_\_

Location: \_\_\_\_\_ Maricopa County Juvenile Court Center (check one box)  
☐ **Durango Facility** **OR** ☐ **Southeast Facility**  
3131 West Durango Street 1810 South Lewis Street  
Phoenix, Arizona 85009 Mesa, Arizona 85210

Name of Judicial Officer: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

\_\_\_\_\_  
Petitioner's Signature

**IF YOU FAIL TO ATTEND THE HEARING, THE COURT MAY REGARD YOUR FAILURE TO  
ATTEND AS A WAIVER OF YOUR RIGHTS AND AN ADMISSION OF THE TRUTH OF THE  
STATEMENTS MADE IN THE PETITION. THE HEARING MAY PROCEED WITHOUT YOU  
AND MAY RESULT IN A JUDGMENT OF DEPENDENCY, THE TERMINATION OF PARENTAL  
RIGHTS OR THE ESTABLISHMENT OF A PERMANENT GUARDIANSHIP. A.R.C.P. 48(C)  
(Juvenile)**